

Check A Box
Personal Decision

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORMS 10-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

10/070005

1

No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		No.						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
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38							88						
39							89						
40							90						
41													
42							93						
43							94						
44							95						
45													
46													
47													
48							98						
49							99						
50							100						
TOTAL IND.	2		4		2		TOTAL IND.						
TOTAL DEP.			7		5		TOTAL DEP.						
TOTAL CLAIMS	2		11		7		TOTAL CLAIMS						

FIG-1350 (1-78)

U.S. DEPARTMENT OF COMMERCE